RACINE RESIDENTIAL CARE 1719 WASHINGTON AVENUE

RACINE 53403 Phone: (262) 633-6348		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	51	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	51	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	49	Average Daily Census:	51

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis	용	Age Groups	웅	Less Than 1 Year	4.1
Supp. Home Care-Personal Care	No					1 - 4 Years	12.2
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	69.4	More Than 4 Years	83.7
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	14.3	I	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	14.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	2.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	0.0	65 & Over	30.6		
Transportation	No	Cerebrovascular	0.0			RNs	2.3
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	11.8
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	61.2	Aides, & Orderlies	49.4
Mentally Ill	No	[Female	38.8	I	
Provide Day Programming for		[100.0			I	
Developmentally Disabled	Yes	[100.0	T.	
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	οlo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				48	100.0	130	0	0.0	0	1	100.0	137	0	0.0	0	0	0.0	0	49	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		48	100.0		0	0.0		1	100.0		0	0.0		0	0.0		49	100.0

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RACINE RESIDENTIAL CARE

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	50.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		98.0	2.0	49
Other Nursing Homes	0.0	Dressing	30.6		67.3	2.0	49
Acute Care Hospitals	0.0	Transferring	75.5		22.4	2.0	49
Psych. HospMR/DD Facilities	50.0	Toilet Use	75.5		22.4	2.0	49
Rehabilitation Hospitals	0.0	Eating	0.0		100.0	0.0	49
Other Locations	0.0	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	2	Continence		용	Special Treats	ments	용
Percent Discharges To:		Indwelling Or Externa	al Catheter	2.0	Receiving Re	espiratory Care	6.1
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	26.5	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	24.5	Receiving St	uctioning	0.0
Other Nursing Homes	0.0				Receiving O:	stomy Care	0.0
Acute Care Hospitals	25.0	Mobility			Receiving To	ube Feeding	0.0
Psych. HospMR/DD Facilities	25.0	Physically Restrained	d	4.1	Receiving Me	echanically Altered Diet:	75.5
Rehabilitation Hospitals	0.0						
Other Locations	50.0	Skin Care			Other Resident	t Characteristics	
Deaths	0.0	With Pressure Sores		0.0	Have Advance	e Directives	4.1
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	4				Receiving Pa	sychoactive Drugs	67.3

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		FDD cilities		All ilties	
	8	8	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	89.6	1.12	87 . 4	1.14	
Current Residents from In-County	83.7	33.5	2.50	76.7	1.09	
Admissions from In-County, Still Residing	100.0	11.3	8.85	19.6	5.09	
Admissions/Average Daily Census	3.9	21.3	0.18	141.3	0.03	
Discharges/Average Daily Census	7.8	25.0	0.31	142.5	0.06	
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00	
Residents Aged 65 and Older	30.6	15.3	2.00	87.8	0.35	
Title 19 (Medicaid) Funded Residents	98.0	99.3	0.99	65.9	1.49	
Private Pay Funded Residents	2.0	0.5	3.71	21.0	0.10	
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40	
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00	
Impaired ADL (Mean)*	33.5	53.1	0.63	49.4	0.68	
Psychological Problems	67.3	50.1	1.34	57.4	1.17	
Nursing Care Required (Mean) *	10.2	11.0	0.92	7.3	1.39	